

# LOUISIANA PARDON BOARD COMMUTATION INFORMATION AND INSTRUCTIONS

## General Information on Commutation

In Louisiana, only the Governor can grant the commutation of a sentence after a favorable recommendation of the Pardon Board. The submission of an application does not imply or guarantee that the Pardon Board will favorably recommend a commutation and/or that the Governor will approve a commutation.

### Eligibility for Clemency Consideration

Commutation of Sentence. A person may not be considered for a commutation of sentence unless he or she has been granted a hearing by the pardon board and has had his or her case placed upon a pardon board agenda.

Incarcerated Applicants or Applicants Under Supervision of the Louisiana Department of Public Safety and Corrections

1. An executive pardon shall not be considered for an offender while in prison, except when exceptional circumstances exist.
2. An incarcerated offender who is not serving a life sentence may request a commutation of sentence:
  - a. after having served a minimum of 10 years; and
  - b. must have been disciplinary report free for a period of at least 24 months prior to the date of the application or at the time of the hearing (if a hearing is granted); and
  - c. must not be classified to a maximum custody status at the time of the application or at the time of the hearing (if a hearing is granted); and
  - d. must possess a marketable job skill, either through previous employment history or through successful completion of vocational training while incarcerated; or
  - e. upon the written recommendation from trial official(s) that includes:
    - i. a statement that the penalty now appears to be excessive;
    - ii. a recommendation of a definite term now considered by the official as just and proper;
  - f. Life Sentences. An offender sentenced to life may not apply until he has served 15 years from the date of sentence, unless he has sufficient evidence which would have caused him to have been found not guilty. The offender must also meet the criteria stated in Subparagraphs 2. a-d of this Section.
3. Capital Cases. Any offender sentenced to death may submit an application within one year from the date of the direct appeal denial

The Pardon Board utilizes a two-stage process for commutation review. The first stage is a Qualification Review. During the Stage One - Qualification Review, the Pardon Board will conduct a review to determine if the application has merit and should be passed to Stage Two -- Commutation Hearing -- for further investigation and consideration for a sentence commutation. At Stage 1 the applicant does not appear before the Board during its review of the application.

If the application is passed to Stage Two, the offender must provide the Board's office proof of advertisement within 90 days from the date of notice to grant a hearing. Advertisement must be published in the official journal of the parish where the offense occurred. **The offender will be assessed a fee in the amount of \$150.00 payable to the Department of Public Safety & Corrections for a clemency investigation to be conducted by the Division of Probation & Parole.** After completion the investigation

is complete and the case is docketed, the offender will make a personal appearance with the Pardon Board via video conferencing. If an offender receives a disciplinary write-up within 24 months of the date of the application and/or prior to the hearing, the personal appearance will be stricken, or cancelled, and the offender will be ineligible for consideration at the scheduled hearing.

Refer to Board Policy 02-209, "Hearings Before the Board of Pardons", for more information on the hearing process. ([www.doc.la.gov](http://www.doc.la.gov)). A copy of the board's policy is available in the law library of the applicant's housing facility or from a classification officer at the applicant's housing facility.

All letters of support must be received in the Board office within 30 days of the Board's receipt of the application. Letters may be typed or handwritten on one-side of the page only. Handwritten letters must be legible. Please do not use staples. Letters must include the offender's name and DOC number on top of each page and on the back of the envelope.

During Stage 2 of the process victims and/or victim's representatives, the judicial representative from the court of conviction, a representative from the arresting law enforcement agency, and/or the District Attorney will be asked to comment on the offender's application. They will also be invited to participate in the hearing process.

After the offender's personal appearance, the Pardon Board will vote to either favorably recommend a commutation and/or deny the request. If a favorable vote occurs, the commutation will be forwarded to the Governor. The Governor will approve or deny a commutation.

## Completing the Application

The applicant should take the following steps in completing the application.

1. Type or print the answers in ink. If the application is illegible, it will be returned and will not be processed.
2. It is the applicant's responsibility to submit a completed application. The application will not be processed until it is complete. **If any required information does not apply, the response should be "NA."** If the application is not complete, the applicant will be notified about the missing information.
3. Each question must be answered fully, truthfully, and accurately.
4. If the space provided for any answer is insufficient, the answer may be completed on the Optional Continuation Page or on a separate sheet of paper. List, the question number, and attach the additional pages(s) to the application.
5. Additional documentation that is relevant to the application may also be attached, including:
  - a. Letters of support on behalf of the applicant with the application in order to be considered during the administrative review of the application. Additional letters of support may be submitted directly to the Board on behalf of the offender, but must be received within 30 days of the Board's receipt of the application.
  - b. If the applicant was in the military, include the military's DD-214 with the application.
  - c. Other attachments that the applicant would like to include may be attached.
6. Application forms must be filled out completely, signed, dated, and notarized where required.
7. The submission of any false information is grounds for immediate denial of the application.
8. The applicant must notify the Board if there is a change of address.
9. Do not include the instructions with the application (pages 1-2).
10. Do not staple or bind the application in any way.

**APPLICANTS SHOULD KEEP A COPY OF THE COMPLETE APPLICATION  
AND ANY ADDED ATTACHMENTS!**

### Submitting the Application

Send the completed application to: Louisiana Pardon Board, Attn: Commutation, Post Office Box 94304, Baton Rouge, LA 70804

### Timeline

Once a completed application is submitted, the commutation will be placed on the next available docket for the Stage 1 Qualification Review. Depending on the date of receipt of the application, the next available docket may be thirty (30) to forty-five (45) days.

**LOUISIANA PARDON AND PAROLE BOARD APPLICATION FOR CLEMENCY - COMMUTATION OF SENTENCE**

**Note:**

Type or print the answers in ink. If the application is illegible, the application will be returned and will not be processed. Each question must be answered fully, truthfully, and accurately. Do not leave sections blank. It is the applicant's responsibility to submit a complete application. The application will not be processed until it is complete. If the application is incomplete, the applicant will be notified about the missing information. If the space provided for any answer is insufficient, answers may be completed on the Optional Continuation Page, listing the question number, and attaching it to the application. Additional documentation that is relevant to the application may also be attached. The submission of any false information is grounds for immediate denial of the application.

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Suffix (i.e. Junior)

Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender:  Male  Female DOC #: \_\_\_\_\_

**Application for Commutation (Jan 2017)**

**1.** List the following: A) Every other name by which you have been known, including the name under which you were convicted; B) the reason for your use of another name; and C) the dates during which you were so known. Include your maiden name, name(s) by a former marriage, aliases, and nicknames.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.** Are you a United States citizen?     **Yes**     **No**

A. If you are not a U.S. citizen, list your nationality and your alien registration number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If you are a naturalized U.S. citizen, list the date and place of your naturalization. Otherwise, list "not applicable".

\_\_\_\_\_

3. Have you ever applied for a Commutation before?  Yes  No

If so, list the month(s) and year(s) of the applications for which you have previously applied? *Start with the first application and end with the most recent application.*

MONTH	YEAR

**OVERVIEW OF OFFENSES FOR COMMUTATION CONSIDERATION**

4. List the case number(s), offense(s) or the crime(s) committed, and the parish for every Louisiana conviction for which a commutation is being requested. The subsequent section entitled, *Detail of Offenses for Commutation Consideration*, will request more detailed information. *If additional space is needed, list the question number on the Optional Continuation Page.*

CASE NUMBER (docket number)	OFFENSE (Crime Committed as named on the Judgement and Sentence)	PARISH OF CONVICTION

5. Were there victims in your crimes?  Yes  No

A. If yes, how many? \_\_\_\_\_

B. Did you know the victim(s)?  Yes  No

C. If yes, what was the relationship? \_\_\_\_\_

D. Were the victim(s) injured?  Yes  No

E. Age(s) of the victim(s)? \_\_\_\_\_





### BIOGRAPHICAL INFORMATION

For each marriage, include the name of spouse, the date and place of marriage, and if applicable the date and place of divorce. *If more space is needed, use the Optional Continuation Page, list the question number, and attach it to the application.*

**15. Current Marital Status:**  Never Married  Married  Divorced  
 Widowed  Separated

Name of Spouse/Former Spouse	Date/Place of Marriage	Date/Place of Divorce
Name of Spouse/Former Spouse	Date/Place of Marriage	Date/Place of Divorce
Name of Spouse/Former Spouse	Date/Place of Marriage	Date/Place of Divorce
Name of Spouse/Former Spouse	Date/Place of Marriage	Date/Place of Divorce

**16.** If you have children, list the number of children that you have under and over the age of 18, the names of the children for which you paid child support prior to incarceration for any conviction, the total amount of child support that was paid, whether payments were current at the time of the most recent incarceration, and if not, the reason for your failure to pay and any agreements that have been or were made to satisfy the payment obligation.

<b>Children</b>	<p>I have _____ children under the age of 18 years.</p> <p>I have _____ children over the age of 18 years.</p> <p>I have custody of _____ children under the age of 18 years.</p>
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**Child Support:** I am responsible for child support for the following children (list names and ages):

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### INCARCERATION INFORMATION

**17.** Provide each facility in which you have been incarcerated, beginning with the present and working backward. All time periods must be accounted for. *If more space is needed, use the Optional Continuation Page, list the question number, and attach to the application.* A copy of the Master Prison

Record may be attached and will be deemed sufficient in answer to this question. If the Master Prison Record will be the source of this information, the applicant must indicate "See Master Prison Record" in the space provided. The applicant may include additional information that he wishes the Board to consider

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**18.** List all programs, including GED classes, that you have attended since your conviction, beginning with the most recent and working backward. Indicate the type of degree, diploma, or certificate received or anticipated and the date of completion. **Note: If you were assessed for programming and did not receive an opportunity to participate or complete such, state the reasons in your own words.** *If more space is needed, use the Optional Continuation Page, list the question number, and attach it to the application.*

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**19.** Were you dismissed, removed, or transferred from a program due to allegations of misconduct or unsatisfactory performance?     **Yes**     **No**

*If yes, list the program(s), date(s) of enrollment, and date(s) of dismissal AND explain in your own words why you were dismissed, removed, or transferred. If more space is needed, use the Optional Continuation Page, list the question number, and attach it to the application.*

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**20.** What is your current work assignment and how long have you been in this assignment. If you are not working, please explain. *If more space is needed, use the Optional Continuation Page, list the question number, and attach it to the application.*

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**21.** Since your conviction, have you been terminated from a work detail, suspended from a work detail, or transferred due to allegations of misconduct or unsatisfactory job performance?

- Yes     No

*If yes, explain in your own words why you were terminated, suspended, or transferred.*

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**22.** Describe the efforts that you have made to demonstrate your rehabilitation, such as community programs, volunteer work, mentoring to others, or other contributions that you have made since your conviction. *If you need more space, use the Optional Continuation Page(s), list the question number, and attach it to the application.*

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**23.** List all disciplinary write-ups and outcomes you have received within the past 36 months. Include all Schedule A and B write-ups. *If more space is needed, use the Optional Continuation Page, list the question number, and attach it to the application. A copy of the DOC Conduct Summary Report may be attached. If this method is used to list disciplinary write-ups, please mark in the space below: "See attached Conduct Summary Report".*

Date	Misconduct/Rule Violation #	Penalty Imposed

**The above section must be verified as accurate by the classification officer at the applicant's housing facility. By the classification officer's signature below, the officer is verifying the above listing of disciplinary write-ups is complete and accurate for the past 36 months.**

\_\_\_\_\_  
Classification Officer Signature

\_\_\_\_\_  
(Date)

**SUBSTANCE ABUSE INFORMATION**

**24.** Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol use?  **Yes**  **No**

*If yes, Indicate whether the consultation occurred: \_\_\_\_ prior to incarceration \_\_\_\_ during current period of incarceration.*

**MILITARY RECORD**

**25.** Have you ever served in the armed forces of the United States?  **Yes**  **No**

If yes, provide the following details:

A. Date(s) of service: \_\_\_\_\_

B. Branch(es): \_\_\_\_\_

C. Serial Number: \_\_\_\_\_

D. Type of Discharge: \_\_\_\_\_

If you were other than Honorably Discharged, describe in detail the factual circumstances surrounding your discharge. If more space is needed, use the Optional Continuation Page, list the question number, and attach it to the application. Attach a copy of your separation papers (Form DD-214), if available.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Decoration (if any): \_\_\_\_\_

**F.** While serving in the armed forces, did you receive non-judicial punishment, or were you the defendant in any court-martial?  **Yes**  **No**

*If yes, list the nature of the charge, the relevant facts, the disposition of the proceedings, and the date thereof. If you were convicted of an offense by court-martial, provide a copy of the court-martial promulgating order. If more space is needed, use the Optional Continuation Page, list the question number, and attach it to the application.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DETAIL OF OFFENSES FOR COMMUTATION CONSIDERATION**

**Instructions: Complete a separate line for EACH Louisiana conviction for which you are seeking a commutation. If more space is needed, use the Optional Continuation Page, list the question number, and attach it to the application. All information in this section is required.**

	<b>Offense (Crime Committed as Named on the Judgment and Sentence)</b>	<b>Parish of Conviction</b>	<b>Date of Conviction</b>	<b>Sentence</b>
1.				
2.				

3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**26.** Did you appeal the conviction(s)?       **Yes**     **No**

If you appealed the conviction(s) or sentence(s), provide the date of the decision(s) by the appellate court. Also provide citations to any published judicial opinion(s), and a copy of any unpublished opinion(s), if available. *If more space is needed, use the Optional Continuation Page, list the question number, and attach it to the application.*

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### CERTIFICATION AND PERSONAL OATH

I certify that all answers to the above questions and all statements contained herein are true and correct to the best of my knowledge and information. I understand that any intentional misstatement of material facts contained in this application may cause adverse action on my application for a commutation.

I understand that there is no appeal process upon denial of an application for commutation.

I understand that pursuant to Act 52 of the 2016 Legislative session, should my application advance to Stage 2 of the process, I agree to pay an assessment fee of \$150.00 to the Louisiana Department of Public Safety & Corrections for a clemency investigation to be conducted by the Division of Probation & Parole.

I have read and understand the Commutation application instructions. By signing and submitting this application, I understand and voluntarily accept the terms of the commutation if it is approved. In making application for a commutation from the Governor of the State of Louisiana, I do solemnly swear that I will be a law-abiding citizen and that I take this obligation freely and without any mental reservation whatsoever.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_  
(Month, Day, Year)

#### NOTARY

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

My commission number is: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

**Carefully read this authorization to release information, then complete and sign in ink (blue or black).**

I authorize any duly accredited representative of the Louisiana Pardon and Parole Board and/or the Louisiana Department of Corrections, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, achievement, performance, attendance, and disciplinary; residential history, employment history, criminal history, including arrest, charges, conviction, and the pre-sentence investigation report, if any, medical, psychiatric/psychological and/or other, health care records; and financial, and credit information.

I understand that, for financial or lending institutions, medical providers, and certain other sources of information, a separate specific release may be needed (pursuant to their request or as may be required by law), and I may be contacted for such a release at a later date.

I further authorize the Louisiana Pardon and Parole Board and/or the Louisiana Department of Corrections, or any other authorized state agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for a commutation.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of any duly accredited representative of the Louisiana Pardon and Parole Board and/or the Louisiana Department of Corrections or any state agency authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the State of Louisiana only for the purposes of processing my application for a commutation, and may be re-disclosed by the State of Louisiana only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed.

\_\_\_\_\_  
Full name (Typed or Printed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

